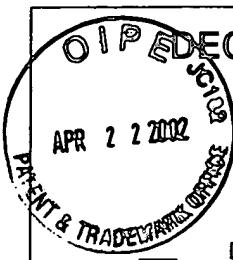


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PTO/SB/01 (12/97) #3

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	85447.000052
First Named Inventor	Daniel Steven Kline
COMPLETE IF KNOWN	
Application Number	10/038,792
Filing Date	December 31, 2001
Group Art Unit	1733
Examiner Name	N/A

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OVERCOAT APPLICATION PEEL APPARATUS

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 12/31/2001 as United States Application Number or PCT International

Application Number 10/038,792 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet Patent and Trademark Office/SB/02B attached hereto
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

[Page 1 of 3]

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U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet Patent and Trademark Office-SB/02B attached.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Customer Number 23387 → 
23387
PATENT TRADEMARK OFFICE

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet Patent and Trademark Office/SB/02C attached hereto.

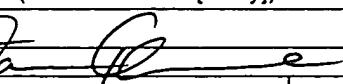
Direct all correspondence to: Customer Number or Bar Code Label 
23387
PATENT TRADEMARK OFFICE OR Correspondence address below

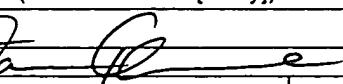
Name				
Address				
Address				
City		State		ZIP
Country		Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A Petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Daniel Steven  Kline

Inventor's Signature  Date 1-18-02

Residence: City Encinitas State California Country UNITED STATES Citizenship US

Post Office Address 355 La Mesa Avenue

Post Office Address

City Encinitas State California ZIP 92024 Country UNITED STATES

Additional inventors are being named on the Supplemental Additional Inventor(s) sheet(s) Patent and Trademark Office/SB/02A-attached hereto

Please type a plus sign (+) inside this box →



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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page _____ of _____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname					
James		Mason					
Inventor's Signature	<i>James H.</i>						Date
Residence: City	Webster	State	New York	Country	UNITED STATES	Citizenship	US
Post Office Address	1189 Gatestone Circle						
Post Office Address							
City	Webster	State	New York	ZIP	14580	Country	UNITED STATES
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname					
Robert John		Rosati					
Inventor's Signature	<i>Robert J. Rosati</i>						Date
Residence: City	Carlsbad	State	California	Country	UNITED STATES	Citizenship	US
Post Office Address	7749 Palacio Drive						
Post Office Address							
City	Carlsbad	State	California	ZIP	92009	Country	UNITED STATES
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname					
Mark Steven		Janosky					
Inventor's Signature							Date
Residence: City	Rochester	State	New York	Country	UNITED STATES	Citizenship	US
Post Office Address	52 Red Cedar Drive						
Post Office Address							
City	Rochester	State	New York	ZIP	14616-1666	Country	UNITED STATES
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname					
James Arthur		Larrabee					
Inventor's Signature							Date
Residence: City	Rochester	State	New York	Country	UNITED STATES	Citizenship	US
Post Office Address	214 Long Acre Road						
Post Office Address							
City	Rochester	Stat	New York	ZIP	14621-1004	Country	UNITED STATES

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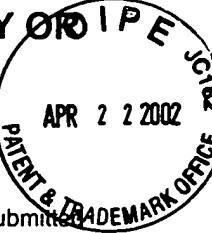
DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Stephen Paul		Lolacono					
Inventor's Signature							Date
Residence: City	Hilton	State	New York	Country	UNITED STATES	Citizenship	US
Post Office Address	107 Parkway View						
Post Office Address							
City	Hilton	State	New York	ZIP	14468	Country	UNITED STATES
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
<input type="checkbox"/>							
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
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Given Name (first and middle [if any])			Family Name or Surname				
<input type="checkbox"/>							
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION
(37 CFR 1.63)


 APR 22 2002
 PATENT & TRADEMARK OFFICE

 Declaration Submitted with Initial Filing

 Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 85447.000052

First Named Inventor Daniel Steven Kline

COMPLETE IF KNOWN

Application Number 10/038,792

Filing Date December 31, 2001

Group Art Unit 1733

Examiner Name N/A

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

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the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 12/31/2001 as United States Application Number or PCT International

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COPY OF PAPER
ORIGINALLY FILED

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet Patent and Trademark Office-SB/02B attached.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

<input checked="" type="checkbox"/> Customer Number	23387	→	 23387 PATENT TRADEMARK OFFICE
OR			
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below			

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet Patent and Trademark Office/SB/02C attached hereto.

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 23387 PATENT TRADEMARK OFFICE	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
Address				

City	State	ZIP
Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A Petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname						
Daniel Steven	Kline						
Inventor's Signature	Date						
Residence: City	Encinitas	State	California	Country	UNITED STATES	Citizenship	US
Post Office Address	355 La Mesa Avenue						
Post Office Addr ss							
City	Encinitas	State	California	ZIP	92024	Country	UNITED STATES
<input checked="" type="checkbox"/> Additional inventors are being named on the	Supplemental Additional Inventor(s) sheet(s) Patent and Trademark Office/SB/02A- attached hereto						

Please type a plus sign (+) inside this box →

+

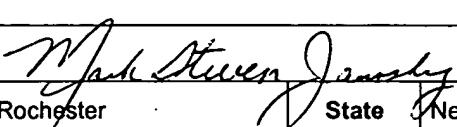
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _____ of _____**

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
James				Mason			
Inventor's Signature							Date
Residence: City	Webster	State	New York	Country	UNITED STATES	Citizenship	US
Post Office Address	1189 Gatestone Circle						
Post Office Address							
City	Webster	State	New York	ZIP	14580	Country	UNITED STATES
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert John				Rosati			
Inventor's Signature							Date
Residence: City	Carlsbad	State	California	Country	UNITED STATES	Citizenship	US
Post Office Address	7749 Palacio Drive						
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City	Carlsbad	State	California	ZIP	92009	Country	UNITED STATES
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Mark Steven				Janosky			
Inventor's Signature							Date
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Inventor's Signature							Date
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Inventor's Signature							Date
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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